Blue Cross Blue Shield of Rhode Island

500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.bcbsri.com

Physician/Provider Claim Adjustment Request Form

Use one form per claim to make adjustments to a claim that was previously submitted.

Type of Claim:

☐ Blue Card
☐ New England Health Plan (NEHP)
(CTN, CTP, MTN, MTP, NHN, NHP, MEN, MEP)
☐ FEP
☐ Workers' Compensation
☐ BCBSRI

Provider Information:

Claim Number: _____
Provider Name: _____
National Provider Identifier (NPI): _____

Member Information:

Member Name: _____
Member ID: _____
Date of Service: _____

Attachment:

☐ CMS-1500 Claim
☐ UB – 04 Claim Form
☐ BCBSRI/BlueCHiP Plans Settlement*
☐ Other Carrier Settlement*
☐ Other (please specify): _____

Reason for Adjustment:

☐Corrected claim (original submission error)
☐Referral / authorization obtained
(Documentation attached with the auth#)
☐Retraction request (filed in error, duplicate payment)
☐Review with additional documentation
(Other insurance settlement, etc.)
☐Other (please specify): _____

_____

Notes:
*Do not highlight line items on settlements. Use asterisks to identify relevant line items on your settlements. To comply with HIPAA, all other non-pertinent PHI on attached settlements must be blacked out.

Use this form when submitting a corrected claim /claim adjustment:

- If another carrier retracts payment from you and you file your claim within 180 days of that retraction along with a copy of the settlement showing the retraction.
- If your claim date of service is greater than 180 days aged but within 180 days of the date of disposition unless your provider contract states otherwise.
- If you file your clean claim within timely filing guidelines and your claim pays you have 18 months in accordance with the Post Payment Mandate to request an adjustment unless your provider contract states otherwise.

Additional Comments: _____

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Please be sure to submit all supporting documentation to:

Attn: Basic Claims Administration – Inquiry Unit 00066
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699

ADJUSTMENTS CANNOT BE MADE WITHOUT SUPPORTING DOCUMENTATION